

October 24, 2012 Alliance Meeting Minutes
Clarion Suites Hotel, Madison WI

Introductions, Announcements and Updates from Partners

Mary Jane Mihajlovic, Chair, opened the meeting at 9:00. The 24 attendees (listed at the end of the minutes) introduced themselves and provided these updates:

- The **Pharmacy Society of WI** recently completed a laminated summary of hypertension and hyperlipidemia guidelines for pharmacists and other healthcare professionals. The Alliance Professional Education Committee provided feedback on the piece during production. The HDSP has a few copies available on request (Julie.baumann@wisconsin.gov) or you can purchase copies via the PSW website: [HTN Toolkit](#). PSW periodically updates their toolkits as new guidelines are issued.
- Materials were available at the meeting from the “**Striving to Quit**” campaign, through the **UW-Madison Center for Tobacco Research and Intervention**. The campaign focuses on helping Medicaid patients in southeastern Wisconsin quit tobacco use.
- Mary Jane is representing the Alliance on a multi-state group of heart disease and stroke programs that is creating a series of patient education videos on hypertension, hyperlipidemia, and signs of heart attack and stroke. The videos will be available in 2013.
- **The Office of Rural Health** is working with rural hospitals on several quality improvement projects for EMS, stroke and STEMI.
- Pfizer has numerous cardiovascular risk reduction materials available to promote prevention and wellness.
- The **WI Women’s Health Foundation (WWHF)** is sponsoring a luncheon on November 15th with speaker Dr. Mark Gillenhov (Cleveland Clinic) who wrote [Heart 411](#)
- In the past nine months, **WWHF’s GrapeVine program** has had an increase in the number of parish nurses delivering heart disease and stroke education to women of color in Milwaukee. Nurses are using the HeartTruth curriculum.
- The statewide **community health worker alliance** has attracted statewide participation; it is developing its strategic plan to increase awareness and integration of community health workers for health promotion. Contact Maebe Brown or Sheri Ohly for more information or details about the November 16th meeting.
- **The DHS Office on Aging and Wisconsin Institute on Healthy Aging** are working with health systems throughout the state to increase patients’ chronic disease self-management skills and promote falls prevention. For a list of upcoming programs, see: [Living With Chronic Conditions](#).
- **DHS HDSP, the American Heart Association and MetaStar** are working together on a 3-year project to enhance acute stroke treatment among hospitals and transitions for care via EMS to create a stroke registry. It was suggested that the HDSP program develop a presentation or document for the next meeting that captures the history and accomplishments of the Alliance since it began in 2002.

- **The WI WISE Woman Program** is in its fifth year of providing cardiovascular disease screening for uninsured women in Milwaukee and Green Bay. This Spring, the program will reapply for a competitive grant through which they would like to expand CV screening to other parts of the state.
- Susan Webb-Lukowski- with Madison/Dane County Health Dept. is working with local non-profit hospital on community health needs assessment processes

"Impacting Health, Health Outcomes and Costs through Medication Management in Community Pharmacies"- Kari Trapskin, PharmD & Pat Cory, PharmD

The Wisconsin Pharmacy Quality Collaborative (WPQC) was founded 5 years ago as a collaborative with the UW-Madison School of Pharmacy, WI Medical Society, payers, community pharmacies and the Pharmacy Society of WI (PSW).

This Spring, the group was awarded a \$4.1 million CMS Innovation grant to train pharmacists in providing comprehensive medication review and patient counseling that is expected to save \$20 million in health care costs. The grant is not paying for services; it's paying for training and infrastructure. In terms of sustainability, after the grant, the program could continue with support from payers.

Pat Cory described a challenge with our current health system -- patients identified at risk for various conditions are prescribed medications but often do not get the follow up and prescription adjustments necessary for them to reach goal. Side effects, drug interactions, economics, and health literacy are contributing barriers. The goal of WPQC was to develop a standard program where community pharmacists can help improve patient outcomes. There are 1,200 community pharmacists in WI who are readily available to assist patients with medication management in between physician office visits.

A barrier for pharmacists is that they're only reimbursed for dispensing medications. WPQC developed a certification program to train pharmacists to deliver more in-depth one-on-one medication counseling and tested the model in a pilot with Unity and GHC. Results showed a 5 and 10:1 ROI for health plans. The positive results led to applying for the CMS Innovation Grant. In this project, Medicaid has agreed to reimburse WPQC trained pharmacists for services provided to patients who are < 80% compliant in one of 4 treatment areas. Currently, Unity, GHC, United HealthCare and United Way also reimburse for services. Participating pharmacies are required to have a private area for delivering patient consultations.

Through the CMS project, the quality baseline for pharmacies requires dual confirmation of a person's identity, showing a patient the medication they're on, tracking and understanding medication errors and pediatric weight checking. Pharmacists will deliver two levels of service:

- Level 1: 10-15 minute interactions for instruction with medical devices, deleting/adding medication with physician authorization, assist patients with tools to overcome adherence

barriers, and developing a written action plan. Pharmacists then communicate with a patient's provider about the interaction.

- Level 2: A private 45-60 more comprehensive assessment involving personal medication review, identify sub-therapeutic dosing, determining Rx adherence and addressing health literacy issues.

The project expects to reach 1.65 million patients screened with healthcare plan data. The volume could increase with more support from additional payers. The goal is to certify and engage 100 pharmacies and 200 pharmacists. Currently 80-90 pharmacies have enrolled.

Kari Trapskin addressed how this model could benefit Rx adherence for cardiovascular outcomes. Literature exists demonstrating the positive influence of pharmacists as part of a team approach for hypertension and diabetes management. Success measures for this project will be improved health care, better health outcomes and reduced costs. Kari also reviewed drivers for success (see "Driver Diagram" handout on Alliance webpage) which included engagement of health plans (e.g., regional specialists), healthcare workers and additional staff, information management and a commitment to performance monitoring via pharmacy accreditation standards, web-based technology, site visits and pharmacy report cards. Project challenges include patient and pharmacist recruitment, accessing health plan data, establishing HIPAA-compliant data use agreements, training a large number of pharmacies and pharmacists and developing a report card/QA process. Health plans interested in learning more about the project should contact Kari at karit@pswi.org.

"Increasing Stroke Survival: The WI Stroke Registry and Stroke Systems of Care" (Katie Watkins)

The state of Wisconsin received a 3-year \$1 million grant to participate in the Paul Coverdell National Acute Stroke Registry and work with 30 hospitals and EMS providers on quality improvement. Wisconsin has 30 certified primary stroke centers, 6 telemedicine centers and nearly 700 EMS providers across the state. However, there is currently no designation required to identify the level of care provided by other hospitals. While 98.6% of all WI EMS runs are entered into the Wisconsin Ambulance Run Data System (WARDS), little data analysis has been done. In addition, only about 70% of EMS providers are pre-notifying hospitals when they are transporting a stroke patient. Coverdell grant funding will allow the state to participate in a national registry and learn from national benchmarks, develop statewide stroke systems of care, and assist EMS providers and primary stroke centers with QI projects to enhance patient care. Currently, there are several other stroke QI efforts that this project will coordinate with: a Stroke Coordinator Group, the WI Hospital Association and the Office of Rural Health's Stroke Quality Improvement Project.

The "Coverdell" project, which is funded by CDC, is named after Paul Coverdell, a US senator who died while serving in Congress. The program has grown from funding 6 states in 2007 to funding 11 states in 2012. States have differing areas of focus – some working on just hospital care, or EMS and hospital care or the entire continuum from pre-hospital care to rehabilitation. Wisconsin is focused on pre-hospital and acute care.

For the first year, the project team will focus on building infrastructure – reactivating the WI Stroke Committee, recruiting hospitals and EMS providers and hiring staff to coordinate QI efforts. Coverdell Registry in WI. There are currently 20 certified stroke centers enrolled and MetaStar has begun recruiting for staff. For additional information, contact Katie Watkins of AHA at Katie.watkins@heart.org or Julie Baumann at Julie.Baumann@Wisconsin.gov.

Committees

Julie Baumann reviewed the goals of the Million Hearts Campaign and its recommended strategies. Committees were encouraged to consider how they could involve other partners in their projects and reach a broader audience. Groups will meet again by phone in November-December.

- **Professional Education Committee – Mary Jane Mihajlovic, leader.** The group plans to develop a survey for health systems to assess strategies and activities being employed to control high blood pressure, cholesterol and diabetes. This will be beneficial in identifying Million Hearts related activities and coordinating sharing of best practices. The group discussed disseminating it to multiple contacts within 6-7 of the largest health systems.
- **Advocacy Committee (Sodium Reduction) – leader vacancy.** The group discussed its research on how schools are promoting healthier meals (including lower salt items) as a result of revised federal nutritional guidelines. The group also discussed the National Salt Reduction Initiative (NSRI) and is considering a) contacting 2-3 food processors to encourage voluntary sodium reduction and b) disseminating the Shasta County, CA guide for reducing sodium in restaurants for WRA members who may be interested in the resource.
- **Community Outreach Committee – Cindy Huber and Ann Hvizdak, co-leaders.** The Healthy Lifestyle group is developing action steps to encourage Alliance partners and other CV stakeholders to take the [Million Hearts Pledge](#). The committee will also be exploring various evidence based interventions and educational materials related to healthy life styles that can be disseminated to organizations and professionals who sign the pledge.

Attendees: **American Heart Association** – Katie Watkins, **DHS-Office on Aging** – Ann Hvizdak, **DHS-HDSP** – Julie Baumann, Abby Jackson, Mike Yuan, **DHS Well Woman Program** – Gale Johnson, **Marshfield Clinic** – Dr. Richard Dart, **Milwaukee AHEC** – Sheri Ohly; **Pfizer** – Susie Moroney, **Pharmacy Society of WI** – Kari Trapskin, **ProHealth Care** – Sue Fuhrman, **Public Health Madison & Dane County** – Susan Webb Lukomski, **St. Mary's Hospital** – Sarah Nechvatal, **ThedaCare** – Julie Ludwig, **UW-Madison Transform Wisconsin Project** – Shelly Shaw, **Unity Health Insurance** – Pat Cory, Mary Jane Mihajlovic, **UW-Madison Partnership Program** – Cathy Frey, Mary Jo Knobloch, **UW CITRI** – Amy Akora, **UW School of Pharmacy** – Albert Carbo, **UW-Madison Office of Rural Health** – Kathryn Miller, **Wisconsin Women's Health Foundation** – Maebe Brown, Julie Whitehorse, **WISCPHR** – Sharon Carl.